

College NEWS



Summer
2012

The Sight Loss and Vision Priority Setting Partnership



THE COLLEGE OF OPTOMETRISTS



The Royal College of Ophthalmologists is one of the sponsors of the Sight Loss and Vision Survey which is now live.

The survey will – for the first time – identify the most pressing, unanswered questions about the prevention, diagnosis and treatment of sight loss and eye conditions. The aim is to ensure that future research can be prioritised according to the needs of patients, carers and eye health professionals. It is very important that as many ophthalmologists as possible complete the survey and we ask you to encourage your patients to participate as well.

This initiative will be overseen by The James Lind Alliance (www.lindalliance.org/sightlossvisionPSP.asp), a non-profit making organisation funded by the National Institute for Health Research, ensuring the exercise produces an unbiased result, with equal weighting given to the views of the different participating groups.

To learn more about this initiative, please visit www.sightlosspsp.org.uk where you'll find the online survey, which takes less than 10 minutes to complete. It will also answer any queries your patients may have: how to download and post/fax a form, answer questions on the phone, or request alternative formats etc.



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Please tell us if you move
database@rcophth.ac.uk

Articles and information to be considered for publication should be sent to:
kathy.evans@rcophth.ac.uk
and advertising queries should be directed to:
Robert Sloan 020 8882 7199
robertsloan@virginmedia.com

Copy deadlines

- Autumn
5 August 2012
- Winter
5 November 2012
- Spring
5 February 2013
- Summer
5 May 2013

Products keeping patients independent

The Royal National Institute of Blind People provides over 1,200 products and reading material for anyone living with limited or total sight loss.

Members may not be aware of the diversity of products available. Take the RNIB PenFriend – a versatile, low-cost audio labelling device, which is fantastic for independently labelling absolutely everything in the home, garden, work, school, shopping and now more recently – laundry labels. Patients can record their own messages or have a mix of friends/family helping.

One great use is to label up patients' medicine boxes or bottles with the dosage and frequency instructions so that whilst at home, patients need never forget how or what to take when. Simply stick the talking label in the top right corner of every product and the message will stay there until recorded over. Priced at £59.99 exVAT (DL76) this Pen has proved crucial to help blind or partially sighted people live independent lives. You can record up to 70 hours' on each PenFriend so no need to worry about short messages! Other simple, yet essential tasks, such as telling the time can cause frustration too so we can help with easy-to-see clocks and watches as well as talking and tactile versions.



Other parts of the range include effective lighting (free guide available) and products to help with cooking, mobile phones, toys and games, computers and other access technology, magnifiers, and magazines and books.

To keep abreast of RNIB's products quickly and easily, why not sign up to our eNewsletter or our New Product Guide by emailing caroline.woodward@rnib.org.uk.

We'll keep you informed of what's new and how we can help everyone continue to live their lives with confidence and independence. There's also our free catalogue, giving a really wide selection of what we have to offer, maybe to keep in clinic waiting rooms. All products are available through RNIB's online shop: www.rnib.org.uk/shop or helpline on 0303 123 9999.

Caroline Woodward,
RNIB

Regional Advisers

Regional advisers are appointed by Council to act on behalf of the College. They must be:

- Fellows of the Royal College of Ophthalmologists registered with the College for Continuing Professional Development (CPD).
- NHS consultants with an established or honorary contract in active practice. Advisers must stand down on retirement from their NHS post.

The table below shows those post-holders who will shortly complete a three-year term of office. Any person wishing to stand should contact esther.merrill@rcophth.ac.uk

RETIREMENT DATE	NAME	REGION	ELIGIBLE FOR RE-APPOINTMENT
March 2012	Mr Jeremy Diamond	South Western (Severn)	Yes
March 2012	Miss Veronica Ferguson	North West Thames	Yes
March 2012	Mr Gerard McGinnity	Northern Ireland	No
June 2012	Mr Harry Bennett	Scotland South East (Edinburgh)	Yes
June 2012	Mr Chris Blyth	Wales	No
June 2012*	Miss Fiona Spencer	North Western	No
December 2012	Miss Susan Downes	Oxford	No
March 2013	Mr Christopher Scott	North East	No
September 2013	Mr Christopher Hammond	South East Thames	No
June 2012*	Miss Fiona Spencer	North Western	No

* Miss Spencer has been elected as the Council regional representative; ordinarily her term would run to June 2013.

Members' News and Appointments

Consultant Appointments

We rely on medical personnel departments to confirm consultant appointments. Please contact aac@rcophth.ac.uk if you notice an error or omission.

Mrs Victoria Barrett	Sussex Eye Hospital, Brighton
Mr Allon Barsam	Luton and Dunstable Hospital, Luton
Ms Devina Gogi	Warrington Hospital, Warrington
Mr Saurabh Goyal	St Thomas' Hospital, London
Mr Samer Hamada	Queen Victoria Hospital, East Grinstead
Dr Monica Hrabovsky	Royal Victoria Infirmary, Newcastle upon Tyne
Mr Satya Sai Kolli	Queen Elizabeth Hospital, Birmingham
Mr Salman Mirza	Alexandra Hospital, Redditch
Mr Wisam Muen	Kingston Hospital, Kingston upon Thames
Mr Mohammed Muhtaseb	Royal Glamorgan Hospital, Llantrisant
Miss Sarah Osborne	Moorfields Eye Hospital, London
Mr Akash Raj	Russells Hall Hospital, Dudley
Mr Ranjan Rajendram	Moorfields Eye Hospital, London
Mr Patrick Richardson	Royal Derby Hospital, Derby
Mr Nimish Shah	Great Western Hospital, Swindon
Mr Vijay Shanmuganathan	Queen Mary's Hospital, Sidcup
Miss Maria Theodorou	Moorfields Eye Hospital, London

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

The College seeks a member to join the NCEPOD Steering Group. NCEPOD's purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public by reviewing the management of patients, undertaking confidential surveys and research, maintaining and improving the quality of patient care, publishing and generally making available the results of such activities.

The maximum term of office is three years. The nominated representative will be asked to send written reports on activity to the Professional Standards Committee of the College.

Interested parties need to have a great interest in patient safety in general as well as in regards to ophthalmology, as most of NCEPOD studies are in areas outside direct relevance to ophthalmology.

It has to be noted that while this is a post representing RCOphth, when appointed to the steering group this person will be part of NCEPOD and under their regulation.

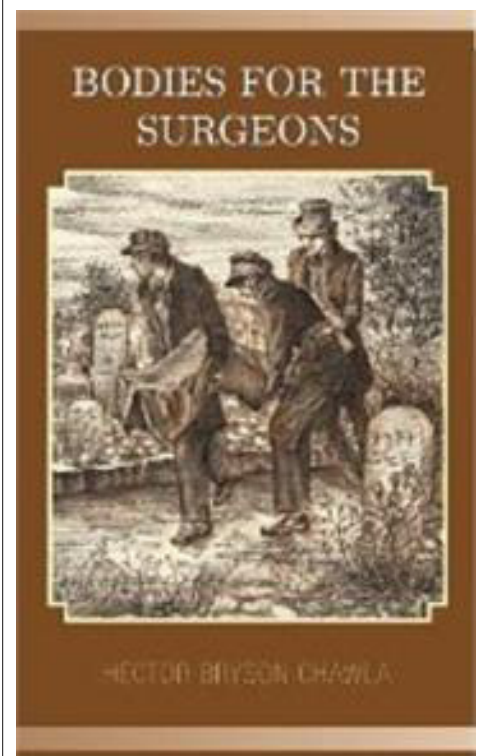
The NCEPOD Steering Group Terms of Reference are available on request.

Please send a short CV and covering letter to Miss Beth Barnes, Head of Professional Standards: beth.barnes@rcophth.ac.uk by 29 June 2012.

Professor Peng Khaw is the 2012-13 President of ARVO, the Association of Research in Vision and Ophthalmology

New novel

Mr Hector Chawla has been writing novels since he retired. The first novel, published under the name of Hector Bryson, was called 'Doctors, Bodies and Snatchers'. However, in November this year, it was published for a second time under his full name of Hector Bryson Chawla. His new book is called 'Bodies for the Surgeons' and is set in Edinburgh in 1828 highlighting the differences between the Old and New Towns and the medical attention that inhabitants in these two areas could expect. The book describes the medical profession's varying attitudes towards new medical advances such as anaesthetics and is entwined with a love story that engulfs the main character in 'a web of lunacy from which it seems he can never escape'.



Professorial appointment

Mr Robert Scott has been appointed as the Defence Medical Services and Royal College of Ophthalmologists' Professor of Ophthalmology.

Obituaries

We note with regret the death of:
Dr N S Batheja, Trent region
Mr Neil Dallas, Bath



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Focus



Summer
2012

An occasional update commissioned by the College. The views expressed are those of the author.

*Robert E MacLaren,
Professor of Ophthalmology, University of Oxford
Honorary Consultant Vitreoretinal Surgeon,
Oxford Eye Hospital and Moorfields Eye Hospital*

Retinal Gene Therapy

Introduction: Since most causes of incurable blindness have an underlying genetic basis and frequently affect cells of the retina, retinal gene therapy is a therapeutic approach that has great potential to revolutionise our current management of a number of retinal diseases over forthcoming decades. In its most basic concept, gene therapy is a process whereby the disease or pathological process is modified at the genetic level by treatment with nucleotides (DNA or RNA) rather than by proteins or other drugs. Using DNA has a particular advantage because if the DNA can be stabilised in the nucleus it could potentially remain indefinitely, providing a permanent genetic modification following one single treatment.

Gene therapy could in theory be administered with nucleotides only, but these soluble molecules would have difficulty penetrating the cell membrane and would undergo rapid degeneration after entry into the cytoplasm of the host cell. A viral vector is commonly used in order to get the DNA into the nucleus more effectively. This is the capsule of a virus capable of infecting a specific cell type which has had all wild type genetic material removed – in place of the viral genes, therapeutic genes are inserted through the process of viral cloning. Some viruses (e.g. lentiviruses) carry an RNA template which is used to reverse transcribe double-stranded DNA directly into the host genome. Other viruses, such as adenovirus carrying double-stranded DNA, do not integrate into the host genome. The virus or vector is described as being enveloped if it contains cell membrane around its protein shell and this property is associated with an increased risk of immune reaction. The gene size is also a limiting factor for some vectors and critically the ABCA4 (Stargardt) gene at 6.7 kilobase (kb) is too large for adeno-associated viral (AAV) vectors, but will fit into lentivirus.

Table 1: characteristics of viral vectors used in human retinal gene therapy clinical trials.

Key – ds/ss = double/single stranded; kb = kilobase (1,000 nucleotides of DNA)

Viral vector type	Viral Genome	Genomic insertion	Envelope	Maximum gene size	Immune reactions	Clinical trials
Adenovirus	dsDNA	No	No	45kb	Yes	2
Lentivirus	dsRNA	Yes	Yes	9kb	Yes	soon
Adeno-associated virus (AAV)	ssDNA	Minimal	No	5kb	Minimal	6

Background to retinal gene therapy: The retina is a very attractive site for gene therapy for several reasons. In the first instance the cells of the retina mostly do not divide which is a safety benefit because uncontrolled genetic modification of proliferating cells brings with it an increased risk of malignancy. This fact has been observed in gene therapy trials to treat haematological disorders.¹ Also, compared to other organs such as the liver, the dose of viral vector particles required to target the retina is several log units lower which reduces the risk of immune reactions.² Finally, the target area for delivery of viral vectors is enclosed within the eye (even more so in the subretinal space) and systemic dissemination of viral vector is extremely low, which further reduces the risk of systemic immune reactions.²

The first clinical trial of retinal gene therapy used adenovirus expressing thymidine kinase to target retinoblastoma tumour cells following intravitreal injection.³ There were no observed side-effects following this treatment, however, the design of this small pilot study made it very difficult to assess any definite efficacy. Subsequently, adenovirus was also used to express pigment epithelium-derived factor (PEDF), a naturally occurring anti-angiogenic protein, following intravitreal delivery in

patients with advanced neurovascular age-related macular degeneration.⁴ This was also safely tolerated but the trial was not large enough to prove unequivocally any treatment effect. Following this, in 2007, gene therapy trials using AAV were started in several centres to treat Leber's Congenital Amaurosis (LCA) caused by mutations in the isomerise enzyme RPE65.⁵⁻⁷ The LCA trials had a great advantage over previous adenoviral clinical trials, because RPE65 is an important enzyme in the visual cycle and hence the success of gene transfer could be assessed by an improvement in vision in the treated eye compared to the control eye. Indeed, in one study, the pupil response was significantly enhanced in the study eye compared to the fellow eye which provided objective evidence of efficacy and, in another study, ectopic administration of the viral vector led to a shift in foveal fixation to the centre of the region where the viral vector had been injected.⁸⁻⁹

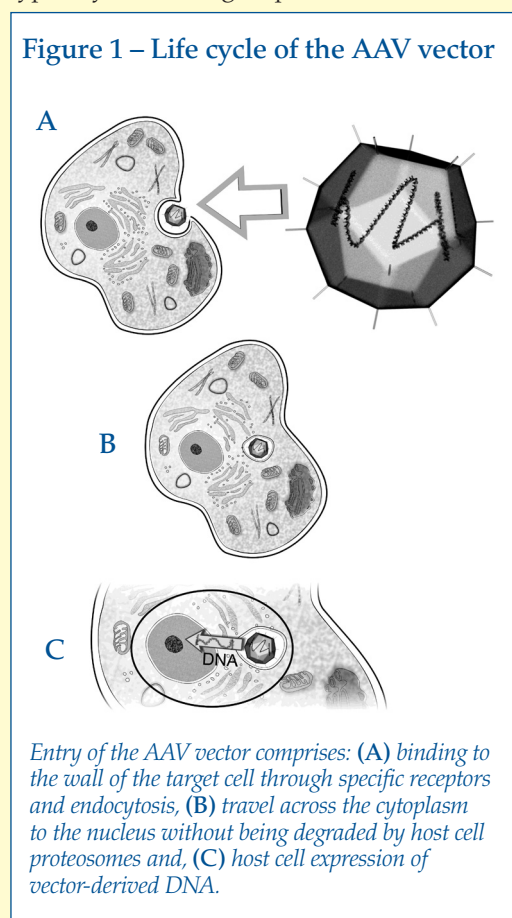
Significantly, both of these effects have been sustained and long-lasting, confirming predictions that a single dose of AAV gene therapy would provide an indefinite therapeutic effect. In 2010 a commercial study led by Genzyme started using AAV to deliver sFLT1 which inhibits neovascularisation (NCT01024998). More recently a non-commercial multicentre gene therapy clinical trial using AAV to treat choroideraemia has also started in the UK (NCT01461213).

Life cycle of the AAV vector: In order to be effective, the viral vector needs to penetrate the cell wall, travel to the nucleus and express its gene within the DNA of the host cell (Figure 1). In the case of AAV, the small particle size and low immunogenicity facilitates exposure of many viral particles to a single cell. The protein capsule around the vector can be modified to give it specific infectivity for certain cell types. For instance AAV serotype 2 (AAV2) targets retinal pigment epithelium (RPE) highly effectively, but AAV8 has much better infectivity photoreceptor cells.¹⁰ When travelling across the cytoplasm viral particles are subject to degradation by number of host mechanisms. In the case of AAV, binding of proteasomes to the viral capsule identify it for degradation. Recent work has shown that modification of tyrosine residues on the AAV capsule can help viral particles evade this cell-based defence mechanism and hence increase infectivity of the vector.¹¹ Finally the vector enters the nucleus which is the probable site of removal of the capsule and stabilisation of the viral single-stranded DNA following reverse strand synthesis by the host cell DNA polymerase. The double-stranded DNA is then believed to form a circle, which remains stable close to the host DNA where it can be transcribed indefinitely. The circularisation is facilitated by a specific palindromic viral sequence known as an inverted terminal repeat (ITR), which is the only original part of the AAV sequence that remains on the transgene. The ITRs take up some of the limited space but they are essential for packaging of the DNA during vector production.

The gene will, in addition to the therapeutic gene, require a number of other regulatory sequences. The therapeutic gene is typically the coding sequence of DNA excluding any introns. Splicing of RNA is, however, an important part of gene

expression and in particular may be associated with export of RNA through the nuclear pores into the cytoplasm where translation can take place. Therefore in some cases a small splicing reaction will be included at some point within the vector genome even though it takes up valuable space and is not technically necessary. In order for the RNA to be translated efficiently a modified sequence just upstream of the first amino acid coding position is also required to facilitate the binding of ribosomes, also termed "Kozak" consensus. The gene will need to be switched on and this is achieved with a promoter which can be active in all cells or may be selective in targeting only specific cells (a promoter is a DNA sequence that is recognised by the host cell as a point at which a gene starts). The end of transcription is signalled by another sequence downstream of the gene known as a poly-adenylation (Poly-A) signal, which triggers the addition of multiple adenosine (A) nucleotides to the RNA transcript stabilising it for export into the cytoplasm where it is translated into protein. The palindromic ITR sequences fold over to create double-stranded DNA "caps" at either end of the initial single-stranded DNA vector genome but may also recombine at each end to circularise the DNA after second strand synthesis, or link together one or more double-stranded AAV genomes to form a large circular sequence.

Conclusions: The excellent safety profile of AAV and ability to monitor the effects so effectively using the fellow eye as a control means that retinal gene therapy will now most likely develop more rapidly than gene therapy for other diseases over the next decade. The main limiting factor for AAV is its small gene carrying capacity, which is too small for genes such as ABCA4 (Stargardt disease) and Usherin-2A (Usher Syndrome). Nevertheless there are many small gene recessive diseases suitable for AAV clinical trials to keep clinicians busy at the current time and almost certainly a large safe gene vector will emerge in future. The possibility of using AAV gene therapy to control angiogenesis following potentially one single intraocular injection is a particularly exciting concept.



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Ophthalmic Olympians

This is an opportunity to remember the 1924 VIII Olympiad held in Paris when two young medical students destined to become ophthalmologists took part. Their names were Hyla Bristow (Henry) Stallard and Philip Geoffrey Doyne.



The Stallard Bronze (Obverse) (Reverse)



Henry Stallard

Henry Stallard (1901–1973) began his medical career at St Bartholomew's Hospital and then specialised in ophthalmology, becoming a consultant at both Barts and Moorfields. He had a distinguished career in World War II in which he devoted time to the preparation of his famous book *Eye Surgery*, which was published in 1946 and went into many editions.

The 1924 Olympics was the culmination of an outstanding athletic career; he had won the mile for three consecutive years at Cambridge and was AAA champion in the mile, half mile and quarter mile from 1923–1925. Stallard ran five races in five days. His heroic effort in the 800 and 1500 metres races resulted in a fourth place in the 800 metres and a Bronze medal in the 1500m. The press on the day following the 800 metres final reported that it appeared that he had acted as a pace maker for the eventual winner, Douglas Lowe, a fellow Briton, something which was frowned on at that time. Commentators reckon that he could well have won a medal himself if he had not acted so generously.



Paavo Nurmi

The 1500 metres was won by the legendary Finnish middle-distance runner Paavo Nurmi. Behind him, a race of heroic proportions was being run by Stallard. He had suffered a broken metatarsal bone in his right foot two days before and was strongly urged by the team's doctor

to pull out of the race. However, his foot was held together with bandages and he ran the final with every step causing him excruciating pain. He blindly fought his way to third place and collapsed on the side of the track. He was stretchered off by the doctor and teammates but remained unconscious for half an hour.

His bronze medal shows on the obverse side a naked victorious athlete taking the hand of his rival to help him get up. At the base of the medal can be seen the Olympic rings, the first time that they had appeared on a medal. On the reverse, a harp (left bottom) is the symbol of the cultural program of the games. Forming an arch can be seen various pieces of sports equipment representing both the winter and summer Olympics.



Philip Doyne

Philip Geoffrey Doyne (1886–1959) son of Robert Doyne, founder of the Oxford Ophthalmological Congress, studied at St Thomas' Hospital and obtained his FRCS. After the war in which he served in the RAMC as ophthalmic specialist to the Middle East in Baghdad, he returned as registrar and later became ophthalmic consultant at St Thomas' Hospital and Great Ormond Street Hospital for Sick Children. He was also appointed a senior surgeon at the Royal

London Ophthalmic Hospital (Moorfields). In 1943 he was elected Master of the Oxford Ophthalmological Congress.

He learned fencing at an early age when his father founded the Oxford Fencing Club in 1898. He was twice British national foil champion and went on to represent Great Britain in fencing at the 1920 Antwerp and 1924 Paris Olympics but failed to win a medal. His son-in-law Emrys Lloyd followed in the family tradition and became one of the outstanding fencers of his generation representing Great Britain four times at the Olympics in 1932, 1936, 1948 and 1952 at the age of 46.

The College will celebrate the 2012 London Olympics by opening its doors to the public on Tuesdays and Thursday afternoons (2–4pm).

Richard Keeler, Museum Curator, rkeeler@blueyonder.co.uk

a surprising
NEW INSTRUMENT
from John Weiss

e-notes is designed for Ophthalmologists who wish to record patient notes and diagrams electronically with a pen and tablet PC rather than using conventional paper records.

Features include:

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- Consent Form
- Customisation of new forms
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Reflections on the Staff and Associate Specialists' Group

My time is up, or nearly up, so it is now time to review the first few years of the College SAS Group. I was asked to write about the SAS Group's achievements, but achievement is the act or process of finishing something successfully and the SAS Group hasn't finished yet!

On the other hand, accomplishment is defined as the completion or fulfilment of something, or a skill or talent that has been developed, so maybe this is a better way to look at our involvement in the College. Here are some of our accomplishments:

Members of the group have represented SAS ophthalmologists on every major College committee and the chair of the group is a co-opted member of Council, thus fulfilling the needs of both SAS ophthalmologists and the College and also nurturing some special talents within our group. Since 2007 we have used our annual Forum at Congress as an opportunity to quiz College officers and to highlight some important issues.

On the educational front we have developed and run two National SAS Eye Days. These events, in Birmingham 2010 and Manchester 2011, were highly successful and the event will continue as an annual educational study day.

As chairman, I was also actively involved in setting up the Joint Royal College SAS Committee, which met to debate the concerns of all SAS doctors. This group has now affiliated to the Academy of Medical Royal Colleges

and expanded with a wider membership. Now called the Academy SAS Committee, its role is to promote education for all SAS doctors, promote the sharing of best practice between the Royal Colleges and to raise issues relevant to SAS doctors within the Academy. There will also be opportunities to raise the profile of SAS doctors with other organisations such as the GMC and COPMeD (Conference of Postgraduate Medical Deans). The Joint Royal College SAS Committee has also organised two successful Joint Royal College SAS conferences. The conference will continue to be held biennially, organised by the Academy SAS Committee.

Other accomplishments include the promotion of a new category of College membership, membership by election, which gives more SAS ophthalmologists the opportunity to become full members of the College. The SAS group is also very pleased that the duties of College tutors have been extended to include SAS ophthalmologists.

In conclusion, since we first met in October 2006 we have improved SAS representation within the College itself and looked out beyond to broaden our horizons through links to other Royal Colleges and the AoMRC. The SAS team has accomplished much and throughout this time we have been very well supported by Penny Jagger, Kathy Evans and three College presidents.

*Mr Jonathan Eason
Chair of the SAS Group, 2006 – 2012*

The Ophthalmic Trainees' Group

On 17 November 2012, the Ophthalmic Trainees' Group will be hosting its Annual Symposium at the Royal College of Surgeons of England in Lincoln's Inn Fields, London.

The Annual Symposium is a relaxed, informal day meeting, with highly-regarded speakers giving talks on real-world aspects of ophthalmology to help your day-to-day practice. Topics covered will include fellowships, research and different career paths. The meeting is open to all of those with an interest in ophthalmic training: ophthalmic trainees, SAS doctors, junior doctors interested in a career in ophthalmology and medical students. Registration is £49 and further information, along with registration details, will be available at www.rcophth.ac.uk/otgsymposium

The Lay Advisory Group

Following the article that appeared in the spring issue of College News, a posting on the REACH network and a circular email sent via VISION 2020, we had a good response to our call for lay advisers. Interviews were held in May and Rea Mattocks, Christine Wall and Hassan Chaudhury will be joining the group in July.

The T. F. C. Frost Charitable Trust

The Trustees invite applications for two Clinical Fellowships or one Clinical Fellowship and one PhD Studentship, from ophthalmologists currently training in the UK. Projects must be in the field of Ophthalmology or visual sciences. Awards will be made strictly on merit up to a maximum of £40,000 in each case.

Closing date: 30 September 2012
e-mail holmes_and_co@hotmail.com

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Other advantages of the AT LISA tri are detailed below.

Improved intermediate vision. The optical zone of the AT LISA tri has a 3.33 D near addition and a 1.66 D intermediate addition, providing patients with significantly improved intermediate vision without compromising near or far vision. Additionally, the refractive-diffractive profile of the AT LISA tri is also designed to enhance intermediate vision over the central optic, increasing light transmittance to approximately 85.7%.

Fewer visual disturbances. With fewer rings on the optical surface, the AT LISA tri reduces the risk for visual disturbances and has the potential to improve night vision compared with other multifocal IOLs. There are also no sharp angles on the optical surface, thus providing patients with ideal optical image quality, contrast sensitivity, and reduced light scattering.

High resolution in all lighting conditions. The images produced with the AT LISA tri are in high resolution at every distance (near, intermediate, and far), and in all lighting conditions. Patients can easily switch between foci at varying distances without the need for spectacle correction.

Maximum pupil independence. The AT LISA tri is independent of pupil diameter up to 4.5 mm. Its aberration-correcting aspheric optical design provides patients with sharp functional vision in all lighting conditions and across all distances. Air Force Resolution Target Test (AFT) for AT LISA tri 839MP and other bi- or trifocal IOLs at intermediate distance has shown that the AT LISA tri offers far better intermediate vision even in low light conditions. A number of surgeons already have experience implanting this lens in their patients, and patients have expressed their satisfaction with the quality of vision the AT LISA tri provides them.

'Simply put, there is no other IOL on the market that is as close to the natural accommodating process as the AT LISA tri.'

Dr. Wolfram Wehner, Ophthalmologist, Germany

'Since my operation I do not wear glasses to read or even to work on computer. I am fully satisfied with the results.'

Patient's comment



COLLEGE TRAVEL AWARDS AND FELLOWSHIPS

AWARD	AMOUNT	CLOSING DATE
Dorey Bequest and Sir William Lister Travel Awards	c. two awards £400-£600 each	Friday 5 October 2012
Ethicon Foundation Fund Travel Award	Four to six awards of c. £400-£1,000 each	Friday 2 November 2012



Please note that these closing dates may be subject to minor amendment. Please check the website for the confirmed date. Information and application forms for all awards are available on the College website: www.rcophth.ac.uk/awardsandprizes

Medical Research Council (MRC), the Royal College of Ophthalmologists and Novartis Pharmaceuticals Ltd Clinical Research Training Fellowships

New Ophthalmology Clinical Research Training Fellowship Scheme opens for applications.

A series of Clinical Research Training Fellowships, supported by the Medical Research Council (MRC), the Royal College of Ophthalmologists and Novartis Pharmaceuticals Ltd, focusing on ophthalmology research training within the United Kingdom will open for applications from the end of July.

The scheme is the first example of a prestigious research fellowship involving a royal college, an industry partner and the MRC, and aims to foster a group of UK researchers dedicated to clinical ophthalmology. Candidates from any area of ophthalmology can apply and applications in the areas of glaucoma, medical and surgical retina, paediatric ophthalmology and stem cells will be particularly welcome

as the scheme aims to encourage clinical research in these particular fields.

Up to two fellowships may be made available per year and are open to all UK based ophthalmologists. The MRC will manage in full the assessment of the fellowships on behalf of the RCOphth and Novartis, as part of the Clinical Research Training Fellowship programme. Ophthalmologists can apply for the fellowships via the MRC's website.

The MRC's Clinical Research Training Fellowships provide up to three years' support for clinically qualified, active professionals to undertake specialised or further research training in the bio-medical sciences within the UK. For more information please visit the MRC website: www.mrc.ac.uk/Fundingopportunities/Fellowships/Clinicalresearchtraining/index.htm#P31_1731

British Council for Prevention of Blindness

Fellowship and Research Grant Programme

Applications are invited for BCPB grants to start in March 2013. The aim of these grants is to fund research and training in prevention of blindness for high calibre clinicians and scientists from the UK and overseas.

I. Fellowships worth up to £63,333 per year over two or three years. Fellowships are available to clinicians wishing to undertake a PhD or MD. In 2013, BCPB seeks to fund one Fellow from the UK and one Fellow from overseas (researchers from low income countries and sub-Saharan Africa in particular are encouraged to apply).

II. Research grants worth up to £60,000 in total over one, two or three years. Research grants are available to clinicians, scientists or epidemiologists: a) for 'pump-priming' to develop their research ideas and generate pilot data to facilitate a future application for a substantial grant; or b) to provide funding for a non-clinical PhD or DrPH studentship.

Projects must further the goals of 'VISION 2020: The Right to Sight' - the elimination of avoidable blindness - and priority will be given to projects which benefit low income countries. Grants will be awarded to UK research/training institutions. Applicants are advised to read the Information for Applicants to ensure that they are eligible to apply for these awards. Closing date for receipt of applications: **12 October 2012.**

For full Information for Applicants and application forms see www.bcpb.org or contact: Diane Bramson, Administrator, BCPB, 4 Bloomsbury Square, London WC1A 2RP. Telephone: 020 7404 7114 Email: info@bcpb.org

BCPB
British Council
for Prevention
of Blindness

Annual Congress 2012

The Annual Congress held in Liverpool was a great success and the feedback has been very positive. Professor John Forrester delivered the Bowman Lecture and is pictured below with the President, Professor Harminder Dua, the founding President, Professor Wallace Foulds, Professor Andrew Dick, who introduced the session, and Professor Tony Moore, Chair of the Scientific Committee.



Eye: Section editor – epidemiology

Eye, the scientific journal of the Royal College of Ophthalmologists, would like to appoint a section editor to assist in reviewing epidemiology manuscripts.

Section editors are appointed on an honorary basis for a fixed term of three years (renewable once) and work under the direction of the editor-in-chief.

Responsibilities include:

- Support the strategy for Eye.
- Identify reviewers for manuscripts and comment on manuscripts under review.
- Deal with manuscripts under review in a timely manner.
- Keep up-to-date with the latest news and research in the field.
- Use all reasonable endeavours to ensure that Eye contains nothing that is libellous or infringes the intellectual property rights of any third party.
- Use best endeavours to attend the editorial board meeting, which is held annually at the Royal College of Ophthalmologists' Congress.

All enquiries to: Andrew Lotery MD FRCOphth, Editor-in-Chief of Eye, Professor of Ophthalmology, University of Southampton. Email: eye@rcophth.ac.uk

Managing a Diabetic Eye Service

In February 2012 the College organised the above seminar, chaired by Miss Clare Bailey of Bristol Eye Hospital.

The seminar highlighted some important changes in the NHS Diabetic Eye Screening Programme (DESP) that will be introduced during 2012. These include new grading criteria and the addition of a surveillance component to the screening programme. The new criteria for grading provide greater clarity on thresholds for referrals for pre-proliferative retinopathy, maculopathy and treated proliferative retinopathy. The new pathway should also reduce unnecessary referrals into ophthalmology outpatient clinics.

All Diabetic Eye Screening Programmes should have a Clinical Lead to provide clinical oversight for the programme and ensure grading quality is maintained. This includes ensuring all staff grading images should be trained and qualified and that performance is regularly checked by undertaking 'Test and Training' sets provided by National DESP.

Patients that are referred from the screening programme should be seen in dedicated medical retina clinics, by appropriately trained staff, and a single ophthalmologist within an ophthalmic unit should become a clinical lead for the diabetic eye service.

A report of the day appears on the RCOphth website and highlights points from the 'The delivery of diabetic eyecare' document as well as the proposed grading changes.

www.rcophth.ac.uk/page.asp?section=650§ionTitle=Seminar+Reports

The MRC and RCOphth John Lee Fellowship

Dr Peter Morgan-Warren has been selected as the first John Lee Fellow and will start in September 2012. The title of his project is the 'Development of a small molecule combinatorial treatment for RGC survival and axon regeneration to restore sight after optic neuropathy'.



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Surgical skills tutor

The role of the skills tutor is to lead and develop the range of surgical skills courses run by the College, which range from the basic microsurgical skills course (BMS) to more complex and specialised courses such as those in glaucoma and corneal surgery.

The tutor is very ably supported by the skills centre administrator who deals with the day-to-day running of the courses, so the role now principally involves ensuring consistency of tuition and development of new courses and training strategies. There is an experienced group of lead trainers who lead individual BMS courses and the skills tutor needs to liaise with them and provide feedback to all trainers after each course, based on the delegates' comments. Occasionally there is a need to counsel either trainers or trainees who are having difficulties.

We have been able to develop a number of new courses and training techniques recently. These include: e-learning, cadaver dissection courses and skills centre courses involving use of human cadaver eyes. It is a key role of the skills tutor

to respond to the needs of our colleagues and trainees and develop new courses as new techniques (e.g. DSEK) evolve.

I have found the post to be a fascinating development of my own career and have learned enormously from the talented and experienced group of trainers we have at the College, and indeed also from the enthusiastic trainees who are the very *raison d'être* of the post.

The post will start from January 2013 and will be a non-paid post. If you are interested in the position, please see the College appointments section for a copy of the job description. Applicants should submit a brief CV and short statement setting out their interest in the post to: alex.tytko@rcophth.ac.uk by 16 July 2012.

Interviews will take place in late September 2012.

*Mr Mark Watts
Surgical Skills Tutor 2007–2012*

Royal College of Ophthalmologists' Members Access to the American Academy of Ophthalmology's O.N.E. Network

The O.N.E. Network helps you maintain skills, get targeted information and keep up-to-date with a broad array of current ophthalmic information and education, including:

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- Precise clinical searches
- Self-assessment tools to test your knowledge
- A custom learning plan with automated reminders
- Review of the standards of care with the Academy's library of practice guidelines.

To ensure you are able to locate and utilise the many valuable features and resources of the O.N.E. Network, take the O.N.E. Network's online guided tour (<http://one.aao.org/Tutorials/ONETutorial/player.html>). It is an excellent way to get started!

CPD audit 2012

The College will be carrying out a CPD audit of category B (Clinical and Academic: External activities) to find out whether registrants can provide evidence of declared CPD activity as recorded in their diary entries.

Of those registered for CPD, 10% will be audited. Those selected will be expected to provide evidence such as CPD certificates, receipts or name badges. The audit should serve as a reminder to all doctors of the importance of keeping hard evidence of CPD activities as this will be a very important component of revalidation.

We would like to encourage College members who have access to the CPD online diary to continue to update the diary on a regular basis. We encourage members to ensure their contact details are up-to-date as those randomly selected will be contacted by the College.

The advantages to you in using the diary are: you can print off a certificate to present at your appraisal, upload resources (such as attendance certificates) and there is room in the diary for reflective notes to which you can refer later.

*Mr Tin Kin Chan
Chairman, CPD Sub-committee*

Eye-logbook

The College will shortly launch an i-phone app for Eye-logbook. Please see www.rcophth.ac.uk

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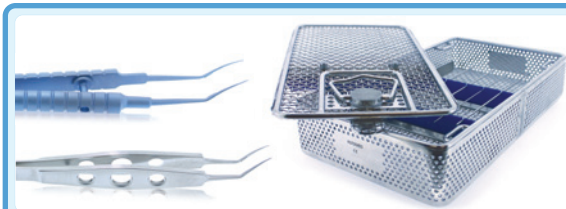


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College Seminar Programme

All College seminars and events take place at 17 Cornwall Terrace, unless otherwise stated.

12–13 July

Skills in Retinal Imaging, Diagnosis & Therapy

Chaired by: Professor Heinrich Heimann, Liverpool & Professor Yit Yang, Wolverhampton
The Institute of Physics, London

14 September

Glaucoma, Suspects & Ocular Hypertension

Chaired by: Mr John Sparrow, Bristol
The Institute of Physics, London

19 September

Investigation & Management of Inflammatory Eye Disease

Chaired by: Miss Elizabeth Graham, London & Professor Miles Stanford, London

11 October

What's New in Corneal Disease?

Chaired by: Mr Bruce Allan, London

18 October

The Management of Child/Adult Strabismus

Chaired by: Miss Louise Allen, Cambridge & Mr Tony Vivian, Suffolk

9 November

Screening & Management of Diabetic Eye Disease

Chaired by: Dr Noemi Lois, Aberdeen
Surgeon's Hall, Edinburgh

14 November

Appropriate Management of Neuro-ophthalmology Cases in Casualty

Chaired by: Mr Mike Burdon, Birmingham

30 November

The Elizabeth Thomas Seminar

Mr Winfried Amoaku, Nottingham
East Midlands Conference Centre, Nottingham

Please visit www.rcophth.ac.uk/seminars for further details.

College Tutor Induction Days

11 June

15 November

education@rcophth.ac.uk

College Skills Centre Programme 2012

Details are on the website at www.rcophth.ac.uk/bmscourse

Training the Trainers

21 June

Appraisal/How to teach practical skills
education@rcophth.ac.uk

Senior's Day 2012

5 July

penny.jagger@rcophth.ac.uk

Macular Disease 'Top Doctors' Seminars

The College is delighted to be working with the Macular Disease Society as part of their 25th Anniversary celebrations to present a series of 'Top Doctors' Seminars across the UK. Members of the College will give talks covering the latest information on macular treatments, services and research.

Newcastle

14 June

Mr James Talks
Dr Patrick Degenaar

Inverness

19 June

Dr Simon Hewick

Bristol

28 June

Ms Clare Bailey
Dr Denize Atan

Birmingham

17 July

Prof Jon Gibson
Dr Hannah Bartlett

London

19 July

Prof Harminder Dua
Prof James Bainbridge

SAS 3rd National Eye Day

Novotel Centre, Bristol

www.rcophth.ac.uk/saseyeday2012

19 October

Ophthalmology Clinical Leads Forum

RCOphth

beth.barnes@rcophth.ac.uk

17 November

Ophthalmic Trainees Group Annual Symposium

Royal College of Surgeons, London
www.rcophth.ac.uk/otgsymposium

Other events 2012

1–4 July

Oxford Ophthalmological Congress
Oxford Playhouse Theatre, Beaumont Street, Oxford

o_o_c@btinternet.com

www.oxford-ophthalmological-congress.org.uk

12–14 September

42nd Cambridge Ophthalmological Symposium

St John's College, Cambridge
Cancer and the Eye

Chairman: Professor Bertil Damato

Academic Organisers: Mr Keith Martin and Mr Martin Snead

bm.ashworth@tiscali.co.uk

www.cambridge-symposium.org

6 October

Oculus: FRCOphth Part 2 Examination Practice (Clinical & Viva)

Birmingham and Midlands Eye Centre

www.oculus-course.com

16 November

British Ophthalmic Anaesthesia Society Annual Scientific Meeting

Exeter

www.boas.org

30 November

Joint 19th Medical Contact Lens & Ocular Surface Association (MCLOSA) Annual Meeting and Regional Scientific Meeting of International Ocular Surface Society (IOSS)

One Great George Street,

Westminster, London

www.mclosa.org.uk/annualmtg.html

College open afternoons

2-4pm

Tuesdays & Thursdays

31 July - 30 August 2012

penny.jagger@rcophth.ac.uk

Please help to make this a success by displaying prominently the inserted leaflet e.g. on staff or waiting room noticeboard/6th form college/ place of worship / community centre.

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Professor Victor Chong